

Person Filing Document: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Represented by: Self or Attorney

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of: _____ Case Number: _____

NOTICE OF HEARING REGARDING APPLICATION FOR CHANGE OF NAME

Name(s) of person(s) requesting name change

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE:** An Application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled where the Court will consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing at the date and time indicated below.

2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as follows:

DATE: _____ TIME: _____

BEFORE:

Judge/Commissioner _____
415 E Spring Street
Courtroom
Kingman, AZ 86401

Judge/Commissioner _____
2225 Trane Road
Courtroom
Bullhead City, AZ 86442

Judge/Commissioner _____
2001 College Drive
Courtroom
Lake Havasu City, AZ 86403

DATED: _____
(Month/Day/Year)

Applicant's Signature